Dealer Inquiry



This form will be utilized to review the given information and to assess the possible business fit of our companies. Please complete this form and return to dealerinquiry@gofit.net

Company Information			
Company Name: Contact Name: Address: Contact Phone: Contact Email:			Date: Job Title: City,ST, ZIP:
	Brick & Mortar	Typo Number of Stores:	e of Business
	ECommerce	Website:	
☐ If yo	Web Sales Detail Will you be selling solely on your own Website (check for YES) ou will NOT be selling SOLEY on your website- Please list any site you intend to sell on below.		
	Both	Fill in ALL info	Above
Projected Purchases/Yr: (in DOLLARS) Current Main Products/Market: How would you sell and market our products?: Product Interest Items Interested In:			
Othor			
Other How did you hear about us?			